

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155196		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED 05/06/2013	
NAME OF PROVIDER OR SUPPLIER ALTENHEIM HEALTH & LIVING COMMUNITY				STREET ADDRESS, CITY, STATE, ZIP CODE 3525 E HANNA AVE INDIANAPOLIS, IN 46237			
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F000000	<p>This visit was for a Recertification and State Licensure Survey.</p> <p>Survey dates: April 29, 30, May 1, 2, 3, and 6, 2013.</p> <p>Facility Number: 000103 Provider Number: 155196 AIM Number: 100290000</p> <p>Survey team: Dinah Jones, RN-TC Patti Allen, SW Marcy Smith, RN (April 29, 30, May 1, 2, and 3, 2013) Leia Alley, RN (April 30, May 1, 2, 3, and 6, 2013)</p> <p>Census bed type: SN/NF: 65 Residential: 66 Total: 131</p> <p>Census payor type: Medicare: 9 Medicaid: 41 Private: 81 Total: 131</p> <p>Residential sample: 8</p> <p>These deficiencies reflect state findings cited in accordance with 410</p>			F000000	<p>This plan of correction is to serve as Altenheim Health & Living Community's credible allegation of compliance. Submission of this plan of correction does not constitute an admission by Altenheim Health & Living Community or its management company that the allegations contained in the survey report are a true and accurate portrayal of the provision of nursing services in this facility. Nor does this submission constitute an agreement or admission of the survey allegations. The facility is requesting a desk review for paper compliance related to the tags cited in this 2567. Additionally, the facility is requesting a paper review IDR for F 282 and F329 for omission of citations.</p>		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

DEPARTMENT OF HEALTH AND HUMAN SERVICES
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	IAC 16.2. Quality Review completed on May 10, 2013; by Kimberly Perigo, RN.						

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F000241 SS=D	<p>483.15(a) DIGNITY AND RESPECT OF INDIVIDUALITY</p> <p>The facility must promote care for residents in a manner and in an environment that maintains or enhances each resident's dignity and respect in full recognition of his or her individuality.</p> <p>Based on observation and interview, the facility failed to maintain the dignity of 2 residents by interrupting a meal to provide medications and to complete an interview with a resident. (Resident #30, and #149)</p> <p>Findings Include:</p> <p>During an observation of medication pass on 5/1/13 at 8:45 a.m., and in the presence of RN #1, Resident #30 was interrupted during his breakfast meal to take medications. Resident #30's medication included, but was not limited to, 2 liquid medications he was to swallow and pills crushed up and mixed in with applesauce. When LPN#1 approached Resident #30 he stated, "Oh you have that nasty sh**".</p> <p>During an observation of medication pass on 5/2/13 at 8:45 a.m., Speech Therapist #1 interrupted Resident #149's breakfast meal and asked, "Is it ok if I ask you some questions while</p>		F000241	<p>1. Residents # 30 and # 149 were not harmed and resumed eating his/her meals. 2. All residents have the potential to be affected. The staff member passing medication and the speech therapist were immediately re-educated regarding disruption of residents during meal times. 3. An inservice was conducted with facility staff, including therapy, to ensure awareness to not disrupt residents during meal times. Staff, again including therapists, will be educated upon hire of the same. The DON or her designee will monitor three meals per week for one month, then weekly for four weeks, then monthly for two months to ensure residents are not being interrupted during meals. 4. Findings of these observations will be reviewed during the facility's quarterly quality assurance performance improvement meetings and the plan of action adjusted accordingly.</p>		06/05/2013	

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	<p>you are eating your breakfast?" Speech Therapist #1 asked Resident #149 personal questions, like family names and phone numbers and "What medications were you taking at home?" There were 7 other residents in the dining room along with Resident #149. Resident #149 stopped eating her meal while she was talking with Speech Therapist #1.</p> <p>Continued observation on 5/2/12 at 8:45 a.m., Speech Therapist #1 and Resident #149 was then interrupted by LPN #1 who asked if she could give medications. The conversation went as follows:</p> <p>LPN#1, "I hate to interrupt you but I need to give you some medicines." Speech Therapist #1, "You're not interrupting her any more than I am (and giggles), but she said it was ok that I talked to her during breakfast." LPN#1, "You are doing an assessment of her" and indicated, "If she said its ok, its ok."</p> <p>During an interview with Resident #149 on 5/2/13 at 11:10 a.m., she indicated she was not upset or bothered by being interrupted during her meal.</p> <p>During an interview with the B wing</p>						

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	<p>Unit Manager and the Director of Nursing (DON) on 5/1/13 at 9:00 a.m., they indicated they do not have an exact procedure for providing medications during meals.</p> <p>During an interview with the Director of Nursing on 5/2/13 at 2:30 p.m. she indicated they do not have a policy in regards to dignity of the residents.</p> <p>3.1-3(t)</p>						

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F000282 SS=D	<p>483.20(k)(3)(ii) SERVICES BY QUALIFIED PERSONS/PER CARE PLAN The services provided or arranged by the facility must be provided by qualified persons in accordance with each resident's written plan of care.</p> <p>Based on record review and interview, the facility failed to ensure a resident receiving blood pressure medications was monitored according to the plan of care for 1 of 10 residents who met the criteria for review of medication monitoring in a total sample of 21. (Resident #69)</p> <p>Findings include:</p> <p>The clinical record of Resident #69 was reviewed on 5/2/13 at 8:51 a.m.</p> <p>Diagnoses for Resident #69 included, but were not limited to, high blood pressure, stroke, and congestive heart failure.</p> <p>A careplan for Resident #69, dated 7/14/10, and updated through 6/4/13, indicated he was at risk for having another stroke due to his history of a stroke and having high blood pressure. The goal was he would have no symptoms of a stroke or high blood pressure crisis. Approaches included, "Monitor [blood pressure]</p>		F000282	<p>1. Resident #69 was not harmed and has routinely taken these medications for years without negative effects, frequent hospitalizations, etc. Vital signs were obtained and all well within normal limits. The physician expressed no concerns due to the stability of the resident's condition on his medication regimen, the length of time he has been managed successfully on these medications and the frequency which the physician sees this resident. The facility respectfully requests IDR.2. Residents taking multiple medications for hypertension management have the potential to be affected. Medical records were reviewed to ensure blood pressures were obtained and recorded in the medical record. No physician notification was indicated based upon values obtained.3. The DON or her designee will audit 30 residents monthly for three months to ensure vital signs are obtained per the plan of care then quarterly until 100% compliance is achieved.4. The findings of these audits will be reviewed during the facility's quarterly quality assurance performance</p>		06/05/2013	

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	<p>and condition. Notify physician of persistent elevations."</p> <p>Recapitulated physician's orders for May, 2013, with an original date of 3/5/10, indicated Resident #69 was to receive hydrochlorothiazide 25 mg (milligrams) once per day, lisinopril 40 mg once per day, and atenolol 100 mg once per day. Lisinopril and atenolol are medications used to treat high blood pressure. Hydrochlorothiazide is used to treat congestive heart failure, and a side effect of this medication can be low blood pressure.</p> <p>Review of Medication Administration Records for Resident #69, for October, November, and December, 2012, and January, February, March, and April, 2013, indicated he received hydrochlorothiazide, lisinopril, and atenolol everyday as ordered.</p> <p>Review of vital signs taken for Resident #69 indicated his blood pressure was taken on the following dates:</p> <p>October 2012: none</p> <p>November 2012: none</p> <p>December:</p>				improvement meetings and the plan of action adjusted accordingly.		

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	<p>12/3/12 blood pressure = 128/76 12/10/12 blood pressure = 130/79 12/17/12 blood pressure = 126/71</p> <p>January: 1/11/13 blood pressure = 120/52 1/17/13 blood pressure = 112/56</p> <p>February: 2/6/13 blood pressure = 143/86</p> <p>March 2013: none</p> <p>April 2013: none</p> <p>On 5/3/13 at 11:00 a.m., the Director of Nursing (DON) was asked if there were any other blood pressures taken on Resident #69, since he was receiving 3 medications everyday, which would affect his blood pressure and being care planned to monitor his blood pressure.</p> <p>On 5/3/13 at 1:40 p.m., the DON provided 2 physician progress notes for Resident #69 which indicated:</p> <p>10/24/12 blood pressure = 157/76 11/20/12 blood pressure = 157/76.</p> <p>She indicated at that time the facility had checked Resident #69's blood pressure on 5/3/13 and it was 105/66.</p>						

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	<p>The DON indicated at that time she had added these 2 physician documented blood pressures and the one taken on 5/3/13 to Resident #69's vital sign record on 5/3/13. She indicated the facility should have taken the resident's blood pressure more often between October, 2012 and April, 2013, as written in the resident's care plan.</p> <p>3.1-35(g)(2)</p>						

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F000329 SS=D	<p>483.25(I) DRUG REGIMEN IS FREE FROM UNNECESSARY DRUGS Each resident's drug regimen must be free from unnecessary drugs. An unnecessary drug is any drug when used in excessive dose (including duplicate therapy); or for excessive duration; or without adequate monitoring; or without adequate indications for its use; or in the presence of adverse consequences which indicate the dose should be reduced or discontinued; or any combinations of the reasons above.</p> <p>Based on a comprehensive assessment of a resident, the facility must ensure that residents who have not used antipsychotic drugs are not given these drugs unless antipsychotic drug therapy is necessary to treat a specific condition as diagnosed and documented in the clinical record; and residents who use antipsychotic drugs receive gradual dose reductions, and behavioral interventions, unless clinically contraindicated, in an effort to discontinue these drugs.</p> <p>Based on record review and interview, the facility failed to ensure a resident receiving blood pressure medications was monitored for adverse reaction for 1 of 10 residents who met the criteria for review of medication monitoring in a total sample of 21. (Resident #69)</p> <p>Findings include:</p> <p>The clinical record of Resident #69 was reviewed on 5/2/13 at 8:51 a.m.</p>		F000329	<p>1. Resident #69 was not harmed and has routinely taken these medications for years without negative effects, frequent hospitalizations, etc. Vital signs werew obtained and all well within normal limits. The physician expressed no concerns due to the stability of the resident's condition on his medication regimen, the length of time he has been managed successfully on these medications and the frquency which the physician sees this resident. The facility respectfully requests IDR.2.</p>		06/05/2013	

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	<p>receiving 3 medications everyday which would affect his blood pressure and being care planned to monitor his blood pressure.</p> <p>On 5/3/13 at 1:40 p.m., the DON provided 2 physician progress notes for Resident #69 which indicated:</p> <p>10/24/12 blood pressure = 157/76 11/20/12 blood pressure = 157/76.</p> <p>She indicated at that time the facility had checked Resident #69's blood pressure on 5/3/13 and it was 105/66.</p> <p>The DON indicated at that time she had added these 2 physician documented blood pressures and the one taken on 5/3/13 to Resident #69's vital sign record on 5/3/13. She indicated the facility should have taken the resident's blood pressure more often between October, 2012 and April, 2013.</p> <p>3.1-48(a)(3)</p>						